



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
911 Leawood Dr, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 696-3925 ~ <http://psy.ky.gov>

SUPERVISORY PLANS AND GOALS

Dates of Future Supervision

From _____ to _____

Supervisee		Supervisor	
Business Address		Business Address	
Phone	Fax	Phone	Fax

LICENSE LEVEL

- ☐ Temporary Licensed Psychological Associate ☐ Temporary Licensed Psychologist
☐ Licensed Psychological Associate / Certified Psychologist

SUPERVISEE'S PLACE OF EMPLOYMENT

Employer: _____ which is a:

- ☐ Regional Mental Health/Mental Retardation Board
☐ College or University
☐ Government Agency
☐ Private Practice (above supervisor owns the private practice)
☐ Other (**Special Application must be submitted for Board approval – 201 KAR 26:250**)

PLANNED FREQUENCY, FORMAT, AND DURATION OF SUPERVISION

Individual face-to-face, one hour – 201 KAR 26:171 Section 12

- ☐ Weekly
☐ Two meetings every four weeks
☐ Other Board-approved arrangement: _____
attach a copy of approval letter

Direct Observation – 201 KAR 26:171 Section 8(4)

- Frequency: ☐ At least once every two months
☐ Other Board-approved arrangement: _____
attach a copy of approval letter
Method: ☐ Audiotape ☐ Video camera ☐ Videotape ☐ One-way mirror ☐ Co-therapist
☐ Other: _____

GOALS TO BE ACCOMPLISHED

METHODS TO JOINTLY EVALUATE SUPERVISORY PROCESS BEYOND REQUIRED SUPERVISORY REPORTS

☐ A copy of the supervisee's **most recent W-2** is attached to verify employment. If the supervisee has changed employers and/or not yet received a W-2, a copy of the W-4 from the employer can be submitted until the W-2 is received. **This form will not be accepted for approval without the above documentation.**

Supervisee Signature

Date

Supervisor Signature

Date

Reviewed by:

Date:

☐ Approved

☐ Deferred

☐ Denied

Comments: